

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Type or print in ink.

CITY CLERK

2013 FEB 21 PM 2:05

SHORT FORM

CALIFORNIA
FORM 450

Page 1 of 3

For Official Use Only

Statement covers period
from JAN 9 - 2013
through FEBRUARY 19, 2013

Date of election if applicable:
(Month, Day, Year)
4/2/2013

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
- ☐ General Purpose Committee
☐ Sponsored
☐ Broad Based
- ☐ Primarily Formed Candidate/
Officeholder Committee

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
- ☐ Quarterly Statement
☐ Special Odd-year Report
☐ Supplemental Pre-election
Statement - Attach Form 495
- ☐ Amendment (Explain) _____
(Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER
13143838

COMMITTEE NAME

ARAM KAZAZIAN FOR GLENDALE
CITY COUNCIL.

STREET ADDRESS (NO P.O. BOX)

372 ARDEN AVE SUITE 100

CITY STATE ZIP CODE AREA CODE/PHONE
GLENDALE CA 91203 818 500 9411

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

SAME

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

ARAM KAZAZIAN

MAILING ADDRESS

372 ARDEN AVE #100

CITY STATE ZIP CODE AREA CODE/PHONE
GLENDALE, CA 91203 818 500 9411

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/19/2013
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from 1/4/2013
through 1/19/2013

**CALIFORNIA
FORM 450**

Page 2 of 3

NAME OF COMMITTEE

ARAM KAZAZIAN FOR CITY COUNCIL

I.D. NUMBER

13143838

Expenditures Made

1. Expenditures of \$100 or more made this period \$ 17
2. Expenditures under \$100 made this period (Not itemized.) 17
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2 \$ 17
4. Nonmonetary Adjustment From Line 8 Below 0
5. Total expenditures made from previous statement Previous Summary Page, Line 6 \$ 17
(If this is the first statement for the calendar year, enter zero.)
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5 \$ 17

Contributions Received

7. Monetary contributions received this period \$ 100
8. Non-monetary contributions received this period 0
9. Total contributions received from previous statement Previous Summary Page, Line 10 \$ 100
(If this is the first statement for the calendar year, enter zero.)
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9 \$ 100

Current Cash Statement

11. Beginning cash balance Previous Summary Page, Line 15 \$ 100
12. Cash receipts this period Line 7 above 0
13. Miscellaneous increases to cash \$ -
14. Cash expenditures this period Line 3 above 83
15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14 \$ 17

Recipient Committee Campaign Statement – Short Form

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1/4/2013
through 2/19/2013

SHORT FORM
CALIFORNIA FORM 450

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

ARAM KAZAZIAN FOR CITY COUNCIL

I.D. NUMBER

1314383

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<p>Calendar Year</p> <p>\$ _____</p> <p>Other</p> <p>\$ _____</p>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<p>Calendar Year</p> <p>\$ _____</p> <p>Other</p> <p>\$ _____</p>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<p>Calendar Year</p> <p>\$ _____</p> <p>Other</p> <p>\$ _____</p>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<p>Calendar Year</p> <p>\$ _____</p> <p>Other</p> <p>\$ _____</p>
SUBTOTAL \$					

* Required only for payments which are contributions or independent expenditures.